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A LECTURE ON DIABETES MELLITUS.

By A. P. DUTCHER, M. D.,

Of Cleveland, Ohio.

It is occasionally the case that an individual comes to us complaining of excessive diuresis. If we examine the urine and find it to contain sugar, we say the patient is suffering with *diabetes mellitus*, if not, *diabetes insipidus*. In the last instance there is simply an increase of the urinary secretion, markedly deficient in its solid constituents, so much so as scarcely to exceed pure water in its specific gravity, interfering but little with the person's health, who would not seek for advice, if it were not for the annoyance of thirst and frequent calls to pass water. In the first case, when sugar is present, although the quantity of urine passed be large, its solid constituents are greatly increased, and consequently its specific gravity much higher, attended with certain phenomena, that often point out the existence of serious organic disease, which will sooner or later compromise the life of the patient.

It is to this graver form of the malady that I now invite your careful study. In this lecture we will direct your attention to its clinical history, pathology, nature, and medical management.

I.—CLINICAL HISTORY OF DIABETES MELLITUS.

The peculiar characteristic of this disease is the presence, in the urine, of a greater or less amount of sugar. At first the general symptoms of the malady are very obscure, but as the disease advances they become more pronounced. The patient commonly complains of weakness, and various disorders of the digestive organs. An especial symptom, and one that is almost pathognomic of the

disorder, is a troublesome dryness of the mouth, with viscid saliva. The bowels are usually constipated, and a harsh, dry skin. There is a dull pain in the back, and a want of animal heat. In most cases the appetite is irregular; sometimes very deficient, at others voracious, craving sugar, bread, and other feculent food. The thirst is very great, and is commonly the first symptom of any moment that attracts the attention of the patient or his physician.

Most patients, however great their appetite, digest their food with ease, while others, especially in the advanced stage of the disorder, have acid eructations with slow and difficult digestion, constipation or diarrhea, and sometimes vomiting. At the same time the pulse is not frequent, the skin is not hot, but dry, and the perspiration almost null. The breathing is free, unless there is some complication involving the organs of respiration. As the disease advances, the patient's strength and flesh gradually diminish, showing a failure of his nutritive functions; and he gradually falls into a condition of listlessness and debility, his sight fails, and he becomes amaurotic or suffers with cataract. In the latter stage of the disorder there is a peculiar odor of the breath, which very much resembles that of the sweet brier or ripe apples.

In this disorder the urine is almost always increased in quantity. From 20 to 30, and even 40 pints are passed in 24 hours. The urine is also changed in its character; it is paler than usual, sometimes almost colorless; it has scarcely any ammoniacal odor, even after standing for hours, and is of a sweetish taste. Its reaction is always acid; its specific gravity is increased to about 1040, and in some rare instances to 1070. In most cases, however, the probable average will be about 1038. But in estimating the specific gravity of diabetic urine, we must not be guided so much

by the weight of the urine passed as the quantity. For instance, here is a patient passing 30 pints of urine in 24 hours, its specific gravity is 1038; there is another passing only 8 pints of the same specific gravity, in the same space of time. The first, it is true, is the graver case, and will sooner exhaust the patient's vital powers, but the latter will prove equally fatal in time. The best time to test the specific gravity of diabetic urine is immediately after it is passed, especially in summer; because, if the temperature be elevated, fermentation speedily sets in, part of the sugar is dissipated, and the density thus destroyed.

A great variety of plans have been devised for detecting sugar in the urine. The copper test, called by some *Frommer's test*, is sufficient for all practical purposes. It consists in putting a little urine in a test tube, and adding to it a few drops of a solution of the sulphate of copper, at a time, until the urine has a faint blue color; then add a solution of caustic potash, equal in bulk to about half the volume of the urine employed. A pale blue precipitate will be thrown down, which will be redissolved; then boil the mixture for a few minutes, and if sugar is present a reddish brown precipitate will be thrown down.

The most accurate test, however, for sugar in the urine, is the *fungus*. It consists in the development in urine containing even the smallest amount of saccharine matter, of the yeast-plant or fungus, which appear first in the form of spores, then thallus, and lastly in that of perfect aërial fructification. In order to ascertain by means of this test whether urine contains sugar or not, it should be set aside in a moderately warm place for a few days, and the scum which always becomes developed upon the surface of the urine thus exposed, as well as the sediment at the bottom, should be examined with the microscope for the fungus in question, which possesses well marked, distinctive characteristics.

Although the chemical and fungus tests show the presence of sugar in diabetic urine, they do not determine the amount, which frequently, in a clinical point of view, is a matter of considerable importance. Various methods have been instituted for this purpose, but I know of none more accurate and convenient than that of Dr. Garrods, of London. It consists of a little instrument called a *glucometer*. It is constructed upon the principle that diabetic sugar, when boiled with a solution of carbonate of potash, gives rise to an amber color, and that

the tint is in proportion to the quantity of sugar. The apparatus consists of a standard, a graduated tube of the same caliber as the standard, and an accurately divided minim measure, the standard being filled with a solution of the exact tint produced by a known quantity (half a grain,) of the diabetic sugar to a fluid ounce.

The following is the method of using the glucometer: A small quantity of the urine, say half a fluid drachm, either previously diluted or not, according to circumstances readily ascertained, is to be accurately measured in the small minim tube, and mixed with the same bulk of a solution of carbonate of potash of a given strength, and after the measure has been washed out with a drachm of distilled water, the whole is to be kept at a boiling point over a spirit-lamp for five minutes, either in a large test-tube, or still better, a very small flask. After cooling, the colored liquor should be transferred to the large tube and distilled water added until the tint exactly corresponds to that of the standard—a process which may be readily effected by holding the tubes side by side, directing them to a moderate bright light. All the required data for determining the amount of sugar are now obtained.

Now suppose by way of illustration, that the half drachm of urine employed in the quantitative analysis requires to be diluted so as to occupy six and a half drachms before the standard tint is obtained, such urine would contain six grains and a half of sugar per ounce; for its bulk has been increased thirteen times, and therefore thirteen half grains, or six grains and a half of sugar, must be present. Again, suppose the urine has been diluted with three times its bulk of water before being employed by the glucometer, which when the urine is rich in sugar may be necessary, in order to prevent the graduated tube being of inconvenient length, then it is only required to multiply the amount of sugar by four to obtain the total quantity in the original urine. In the above named experiment it would therefore be twenty-six grains in each fluid ounce.

The amount of sugar contained in diabetic urine is very variable. In some instances it has been found to contain more than fifteen per cent of sugar. Dr. Garrod mentions a case where 3,500 grains were discharged in twenty-four hours, the sugar being estimated by the glucometer. Dr. Beale records the case of a

woman, aged 18, who passed 8,750 grains of sugar during twenty-four hours.

II. PATHOLOGY OF DIABETES.

This has never been very clearly defined. Indeed, no special lesions have yet been discovered. The kidneys which were long thought to be the seat of the disease, present no characteristic lesions in persons who have perished with the malady. It is true that changes have sometimes been observed, in these organs, such as hydatids, and granular degeneration, but not as a rule; and it must be remembered, that these lesions much more frequently exist uncomplicated by diabetes. The most frequent anatomical alteration, is hypertrophy of the kidneys; the renal tissue is generally observed to be more vascular than natural. This may be explained by the unusual functional activity of the organs. But this state of hypertrophy is not peculiar to diabetes; it is sometimes found in other affections of the urinary apparatus. In some cases that have terminated fatally, extensive anatomical lesions have been found in the lungs, brain, and liver. Pulmonary tuberculosis is more frequently associated with diabetes than any other disease.

Not long since the following interesting case of this disorder came under my care. Its abrupt termination from the supervention of enteric typhoid fever, made its anatomical pathology an object of particular study.

Mr. B., aged 40, came to my office September 5, 1868. He is an individual of the nervous temperament, a printer by occupation. For the last year he has noticed a great increase in the quantity of his urine. For some weeks he has been unable to follow his occupation, in consequence of general debility, and mental depression. His appetite had failed him, and his digestion was bad, occasionally vomiting his meals. His skin has a deep sallow color, and his countenance is expressive of one suffering with serious disease. His skin was very dry, and he complained of great thirst. The mucous membrane of the mouth was red, the tongue broad, coated with a white fur, and tremulous; bowels always costive. In the sitting posture his pulse was seventy-five and in the standing ninety.

At present his urine is copious. He estimates it at 16 pints during 24 hours. It was acid, pale, specific gravity 1038. Heat and nitric acid show the presence of albumen. Trauner's test gave unmistakable evidence of

the presence of sugar. The urine after standing for twenty-four hours in a warm place, was found, under the microscope, to contain a large number of *torulæ cerevisiæ*, and epithelium from the bladder.

[TO BE CONTINUED.]

ABDOMINAL TUMOR.

By JOHN RAMSAY, M. D.

President of the Medical Society of West Virginia.

Miss Lucinda Satten, æt. thirty, nervous temperament, dark hair and eyes; height, five feet eight inches; weight, one hundred and thirty pounds. Consulted me Oct. 8th, 1868, in reference to an enlargement of the abdomen, which had made its appearance some two years previously, and had been gradually enlarging since that time. She was yet unmarried and was accompanied by her mother, Mrs. H. Upon examination the following symptoms were present. The contour of the abdomen resembled that of a female at three months gestation; the tumor occupying the whole width of the pelvis between the crests of the ilia, with well defined irregularities, there being no fluctuation, but uniformly hard and resisting. The os uteri was tightly contracted and somewhat prolapsed; the walls of the vagina resembling that of a married woman, or one in the habit of accouplement; the general health good, had suffered no pain, and but little indisposition, except the mechanical effect of the enlargement, that only on reaching upward, or when lying on the back; she had had an attack of cholera morbus, from which she recovered in a few days; she was somewhat pale and anemic, but avowed that she had been quite well and had menstruated regularly; her habits of life were those of farmers' daughters in like circumstances in this country, having to perform such duties as pertain to housekeeping—spinning, weaving, etc. etc.

I placed her upon a tonic and supportive treatment, consisting of iron and quinine, with bathing, exercise, etc., and required her to report to me every two weeks, which she did faithfully up to March following,—during which time she took various preparations of iron, iodine, vegetable tonics, alteratives, diuretics and purgatives, as indicated from one time to another. After that time I lost sight of her until July, when she called again, and informed me that she had gotten married

in April, and had moved to a distant part of the country, where she had been under treatment for ascites, but that her symptoms had gradually increased. She was anxious to receive treatment, but averse to an operation. The tumor now extended above the umbilicus and was doubtless forming adhesions, from the fact of its immobility at the time, although the walls of the abdomen were still loose and flaccid. I again admonished her that no treatment but an operation promised the slightest hope of success.

During October she suffered from gastric irritation, attended with flatulency. She had passed a month or two without menstruating; bowels had become constipated, kidneys failed to eliminate; skin had become dry and husky, emaciation was taking place rapidly, also dyspnoea after the most moderate exercise, or when lying down.

On 29th November, the day appointed to perform the operation of ovariectomy, the condition was as follows: Countenance pale and haggard; pulse, 100; respiration, 18; skin dry and blanched as in anasarca; bowels have been freely operated on and urine discharged, but scanty and high-colored; strong odor of urea and ammonia; abdomen enormously distended; circumference of the body round the umbilicus fifty-six inches, and twenty-five inches from the ensiform cartilage to the pubes.

The patient was laid on a table with the chest elevated; feet over the table and resting on a chair; chloroform was given slowly as spasm of the glottis was produced from irritation of the fauces, and vomiting several times, which was readily allayed by fresh, pure air being inhaled for a moment. The patient had eaten nothing for five hours previously; when well anesthetised an incision eighteen inches in length was made extending from the hypergaster to a few inches above the umbilicus along the linea alba. There were very firm adhesions occupying one-third of the line and from four to ten inches transversely, most of which required division by the knife; some parts were readily separated by digital manipulation. A part was so soft and friable as to tear in spite of the greatest care, so as to allow the escape of the contents. The softening extended to the contiguous omentum which was ligated with silver sutures and removed.

The pedicle, which was quite small, was ligated in the same manner, it being too short

to use the clamp without leaving some of the softened and diseased tumour. The contents of the tumour was a dark gelatinous fluid of the consistence of white of egg, with small quantity of brainlike matter intermixed. The cyst weighed seventeen and a quarter pounds. After cleansing the cavity, the ligatures were brought out and the wound closed with silver sutures with alternate strips of adhesive plaster. A cloth saturated with solution chloride sodium was laid over the seat of incision, a "many tail" bandage extending from the chest to the loins applied, a small quantity of whiskey and water given, and a quarter of a grain of morphine sulphas in solution, injected hypodermically, into each gluteus muscle. The patient was now placed in bed in dorsal decubitus, head slightly elevated, body perfectly horizontal, with the knees well drawn up, and a "cradle" placed over the body to support the weight of the bed clothing.

The pulse was now 120; breathing regular and easy; consciousness perfectly restored. Ordered beef tea, with brandy, to be given every three hours; catheter to remain in bladder; enjoined perfect rest and quiet.

Tuesday, 30th.—Pulse 118; reaction slight; no distention of abdomen; washed out cavity; complained of no pain; quite cheerful.

Wednesday, Dec. 1.—Pulse 125, full; has had no brandy since 2 A.M. to 2 P.M.; has vomited some; squirrel soup taken this morning; had considerable pain, but was some relieved by taking a half grain morphine sulph.; cleansed cavity again with water and a small quantity of liq. sodæ chlor.; escape of some fresh blood; still no tenderness nor swelling; has no delirium nor incoherency; drew off a small quantity of urine; very high colored; ordered brandy and beef tea continued. Shall report the termination of this case when we report another case that will be operated on in a short time.

Clarksburg, W. Va., Dec. 2, 1869.

ENCEPHALO-COLLOID CANCER.

Numbering Five Hundred, varying in size from a hemp seed to that of a man's head—the aggregate actual weight being 35 pounds.

By PHILIP LEIDY, M. D.,
of Philadelphia.

The extent of the disease described in the following case, makes it one of interest, especially when we consider the insidious character of its attack, progress, and the length of time the general health remained unimpaired, notwithstanding the evidences of disease, and

mal-nutrition presented themselves, in the shape of unhealthy uterine discharges, which continued nearly eighteen months before there was the least sign of impaired health manifested, or personal alarm created.

About the 1st of February, 1869, I was called to see an elderly lady, *æt.* 58; robust in general appearance, mother of nine children, all of whom are in good health. For twelve months she complained of an offensive discharge from the uterus, associated with sharp pain at times, which at once carried its weight of suspicion with it. Upon making an examination per vaginam, I discovered not to my surprise; an enlarged condition of the os, and cervix uteri, the os internum being congested and surface roughened, with an ash-colored appearance, discharging a greenish looking pus, tinged with blood, and very offensive. My next step was an abdominal exploration, that I might discover the boundaries of the enlarged uterus, but was not successful. The microscope revealed nothing special in the discharge, except some broken down blood corpuscles. Not being able to carry on my examination further at this point, I awaited developments. Treatment at this time—injections per vaginam of the following:

R. Liq. sodæ chlorinatæ, ℥i.

Added to one pint of water, to be used two or three times a day.

This answered admirably in correcting the factor of the discharge, and reducing it in quantity for a short time.

Internally was given—

R. Liq. potassæ arsenitis, f. ʒi.

Tinct. opii, f. ʒjss.

Tinct. lavandulæ co., aa. f. ʒjss. M.

Aque, aa. f. ʒjss. M.

Sig.—Two teaspoonsful after each meal.

Diet—the best the market could afford, which was carried out to the letter, and explains itself. For nearly six months there was no change; she was able to be about attending to her household affairs, taking a pleasure ride when the weather permitted.

About the 20th of July her daughter was confined after a tedious labor; the mother during the time was anxious, and over-rating her strength, she used too much exertion in spite of the repeated protests made. For several days she complained of violent pain in the left side of the abdomen, limiting itself to the left iliac region; in examining the parts carefully, a circumscribed tumor was discovered, movable, but to no great extent; from this time forward her health commenced failing,

loss of appetite, gradual emaciation, etc., etc., etc. The uterine discharge continued varying in quantity; when reduced she felt uncomfortable, and the tumor suddenly and temporarily increased. Relief was always obtained when the discharge was re-established. The treatment at this juncture, and which was continued throughout, was Fowler's solution, tonics, anodynes, Labarraque's injection, and iodine ointment, with ext. belladonnæ over the abdomen. The tumor rapidly increased, filling the abdominal cavity completely, causing mechanical obstruction of the intestines, pressing upwards against the liver and stomach, producing an irritable state of that organ, with bilious vomiting; the gall bladder was immensely distended with bile. This condition continued until death relieved her of all suffering, in degree not to be imagined; December 5th, '69, date of death.

I anticipated considerable trouble in securing an examination, owing to a prejudice which seems to be peculiar to the Roman Catholics, as this case happened to be; but, fortunately, that fear and prejudice is giving way to more ground for liberal and enlightened views towards the advancement of scientific and pathological investigation. Assisted by my friend Dr. COLLINS, an examination was made, as she requested before death, as I was afterwards informed. Using her own words, "That if any of her fellow beings could be relieved, situated as she was, by determining the true cause of her suffering, she desired an examination to further that end, as well as to throw light upon the disease, involving as it did a varied opinion."

Post mortem appearances—Extreme emaciation; abdomen immense, distended, from the symphysis-pubis to the xiphoid cartilage (which was forced upwards), measuring eighteen inches; and from the anterior superior spinous process of one ilium to the other, twenty-four inches, were the measurements of the abdomen, the shape being hemi-spherical. Superficial veins prominent; no tumor could be detected with defined boundaries, so completely did it occupy the abdominal cavity, seemingly adapting itself to the internal form. To the touch it gave a certain degree of resiliency. The usual incisions being made, the abdominal viscera were entirely concealed from view by four large tumors, which seemed to be dove-tailed one with the other, and accounts for the regularity of the abdominal surface.

There was extensive chronic peritonitis. The tumours I will designate by numbers: No. 1 weighed $4\frac{1}{2}$ pounds, containing within its cavity a substance resembling thin glue or jelly. Tumour No. 2 of the same, weighed $7\frac{1}{2}$ pounds; tumour No. 3, 8 pounds; tumour No. 4, 5 pounds, and 5 pounds of gelatinoid substance, making in all thirty pounds. Along the mesentery, intestines and inner side of the abdominal walls were studded with tumours of the same kind, numbering near five hundred, in size varying from a hemp seed to that of a walnut, (not including the four large tumours.) The uterus was also studded, and much enlarged; in opening its cavity there was exposed to view, occupying the same, an immense slough, which extended downwards to the mouth, at which point it commenced to show itself in its ravages. The right ovary was greatly involved with the same disease; the left was completely substituted by it. The liver was somewhat softened; stomach, lungs, heart, kidneys, spleen, bladder and rectum were normal. *Actual weight* of tumors, 30 pounds; smaller ones estimated at 5 pounds, making in all 35 pounds. I believe that the disease had its origin from the left ovary, and that in stating the mesentery was "studded," it conveys no idea of the extent of the disease in that particular, for it may be said that it was a "colloid mould of the mesentery substituted."

In Dr. Gross' Surgery, vol. 1, page 271, will be found the description of a colloid tumor supposed to weigh twenty-five pounds.

AN ORGANIC STRICTURE OF THE URETHRA OF OVER TWENTY YEARS' STANDING TREATED BY DILATATION.

By A. O. AMEDEN, M. D.,

Of Ticonderoga, N. Y.

I was called March 16th, '69, to visit a gentleman, æt. 50, whom I found suffering from the combined effects of chloroform and an operation for an organic stricture of the urethra. The chloroform had apparently been given very recklessly, and the operation had consisted in the forcing of a metallic bougie through the stricture and into the bladder, or *somewhere*. The symptoms at this time (nearly an hour after the operation) were alarming, and it was difficult to decide whether they were dependent chiefly on the chloroform or the

operation. Patient was covered with a cold perspiration, no perceptible pulse at the wrist, and vomiting blood every ten or fifteen minutes. He, however, rallied after about an hour, but the stomach remained irritable and unable to retain anything more than weak broth for several days. A fever almost amounting to an ague set in, which kept the patient in his room for about six weeks. I will here remark that the operator in this case was a practitioner from Vermont.

The previous history of this case is not without interest. Some twenty-four years ago he contracted gonorrhœa, and being imperfectly treated it terminated in a gleet, which continued for two or three years.

When the gleet "dried up" (to use his own expression) he noticed that the flow of urine was impeded, the stream forked and turned in different directions &c. The urethra continued to contract till the stream of urine was scarcely larger than a knitting needle. At this time—about sixteen years ago—he consulted Dr. Carnochan of New York, who performed the operation of "perineal section." This operation, though it improved his condition somewhat, was far from being satisfactory. The urethra soon began to contract again and in one year was, if possible, worse than before.

Again, some six or seven years ago the late Dr. D. S. Conant, then Professor of Surgery in the University of Vermont, gave him chloroform and forcibly dilated the passage, but with only temporary relief. This brings the case to the nearly fatal operation of March last.

After this last worse than useless trial, I accompanied the patient to New York, where we consulted a number of surgeons, among whom was Prof. Lewis A. Sayre. Dr. S. advised gradual dilatation by the use of Dr. Gaulley's instruments. I purchased a set of these instruments and returned. On my first trial, after an hour's patient manipulation, I succeeded in introducing the little filiform bougie. Then, using this as a guide, by steady and persistent efforts the smaller instrument was carried into the bladder in a little less than an hour more, and without the use of any anæsthetic. This was repeated several times at intervals of a week, till the larger instrument could be introduced which was used in the same manner. After some time I found that with some difficulty I could introduce an ordinary steel bougie, No. 7008. This practice I have kept up, increasing the size of the instru-

ment till now (December) I can introduce a No. 10 very readily.

Instead of a single stricture there are two—the first in the spongy portion of the urethra, the second in the membranous portion; and between the two there is an ugly rent probably caused by the forcing of a bougie into the sinus of the bulb at one of the previous operations.

Now what I wish to inculcate is that these instruments are superior to almost any other. Here is a case of two inveterate strictures, having a false passage between them, and in which the “perineal section” has utterly failed, and “forcible dilatation” proved worse than useless. Indeed, I doubt whether a catheter of any size could have been introduced. The second stricture was so very tense that the instrument would doubtless have entered the false passage even in the hands of the most experienced surgeon. But the little whalebone bougie could adapt itself to the course of the urethra, however tortuous it might be, and being once carried into the bladder it acted as a safe and reliable guide to either of the other instruments.

During this treatment the patient has been able to attend to his ordinary business affairs, his general health has materially improved, and he is able to void his urine nearly as well as if he were in perfect health.

RANULA FROM THE LEFT SUBLINGUAL GLAND IN THE TISSUES OF THE NECK.

By JAMES E. GARRETSON, M. D.

Under the impression that the rarity of the following described case cannot but make the noting of it a matter of interest to surgical readers, I beg to offer it as one of a series of clinical observations, which, from time to time, at the request of the editors of this journal, I propose to present through its pages:

First, it was noticed that the parts beneath the chin of the patient began to soften and grow broad, freedom of motion was lost in the jaw, and a slight sense of difficulty, the result of stiffness about the tongue, was experienced in speech, the mucous floor of the mouth being quite indurated.* In the course of four months, a tumor, evidently cystic, and

fully the size of an ordinary orange, occupied the front of the neck, but happily concealed by a long and heavy beard worn by the patient.

Presenting himself for treatment, a diagnosis was verified through the aid of the exploring needle, this valuable instrument exhibiting not only the cystic character of the tumefaction, but yielding as well some idea of the contents.

For the cure an operation was performed by making a reasonable incision in the median line of the neck, the cut passing directly into the cyst; from this opening, the contents, a great mass of lymph, like matter filling a large glass, issued as a continuous rope; in color and consistence, it was like thin calves' foot jelly. Washing the cavity thoroughly with warm alum water, compresses were carefully adjusted to the parts and sustained by a bandage passing over the forehead. In two weeks, and without any trouble, the walls seemed to have united, and the cyst to be obliterated.

One month later the patient again presented himself; the tumor was rapidly reforming; the cyst evidently had not been destroyed; it was now the size of a walnut.

A few days later a second operation was performed, precisely as in the first instance. The contents of the tumor differed, however, at least in color, having the same colloid consistence, but being blood red. After the incision, determined on obliterating the cavity, I syringed it with official tincture of iodine, undiluted, stuffing the cyst loosely with cotton. I this time succeeded in producing a perfect cure, but the swelling resulting from the inflammation was so great that it was only by leeches, cathartics and diaphoretics, conjoined with the closest attention, extending over a period of four days, that I succeeded in saving the life—for two whole days the patient being unable to swallow even teaspoonful measures of water and breathing with the greatest difficulty.

What was this tumor? Evidently a hydro-hematocoele, the starting point of the lesion being, I think, in a sub-lingual gland. It might be suggested that had it belonged to this gland the swelling would have exhibited itself more in the mouth. My reason for inferring that it was so associated lay in the fact that a blunt probe passed into the cavity could readily be felt in the position of the left of these bodies on the floor of the mouth.

*These associations described by the patient as existing at the commencement of his trouble, had entirely disappeared when the case was first seen by myself.

The preceding history of this case is one of the illustration offered in the chapter on *Ranula*, published in my work on the "Diseases and Surgery of the Mouth;" it was written four months after every evidence existed as to the completeness of a cure.

As a coincidence, it occurred that on the very day in which the perfected proofs of the chapter were put into my hands, (this form being struck off,) this patient again presented himself, the neck presenting every evidence of a return of the tumor.

As illustrated in the accompanying diagram, which is from a photograph secured at the time of operation—a crucial incision was made, exposing, in the retraction of the flap, the common, deep fascia of the neck, which fascia constituted the flow of the cyst, and was, in appearance and consistence, apparently natural.



Passing into a sinus in the deep fascia and emerging from the mouth, the reader observes the probe. The orifice of this sinus was very small and was only seen after the parts had been thoroughly cleansed; the track of the sinus was exceedingly tortuous, and was only passed after several attempts, and only at last by the experimental bending of the probe.

On reaching the floor of the mouth it was evident enough that the instrument struck the sublingual gland, as, without effort, this body could be thrust upward from its bed. To thus elevate, and to dissect out the organ, which was now deemed necessary to be done, was, of course, a matter of no difficulty.

To complete the operation, the walls of the cyst were lightly cauterized with the solid stick of nitrate of silver, the flaps laid in place and secured with the necessary stitches of in-

terrupted suture, adhesion was assisted by compresses which were continued in place over a month.

Directing examination to the resected gland there was to be seen a break in the continuity of its under surface—this was evidently pathological and of long standing; in diameter it was about the sixteenth of an inch and freely studded with granular matter; this break demonstrated conclusively the ranulous character of the tumor; it implied that little by little had the escaping secretion worked this passage downward, by its slow progress an adventurous, or walled sinus. Looked at from the cervical base, one would naturally have viewed this sinus as being made by a prolongation upward of the fascia, so precisely did it look as though a tubular cul de sac had elongated until it had met and attached itself to the base of the gland.

The question of the location of this ranula has a marked interest. What was the nature of its situation? Was the cyst a supra-hyoid bursa so often described, so seldom seen?

A point of further interest lies in the reaching of the gland described in the original diagnosis made months before. This would seem to have been the result purely of accident—an accident, which, on that occasion, directed the probe into the sinus, and gave to the parts that favorable position which made the passage a straight one.

The existence of ranula upon the neck, with the manner of its formation and association with the glandular body, is, by the history of this case, very fully and plainly illustrated.

HOSPITAL GLEANINGS.

By J. B. BURNETT, M. D.

CASE OF ANEURISM OF AORTA.

Thomas Miller, 30, South American sailor; well formed, muscular man, of medium size; habits somewhat intemperate; has had syphilis; admitted into the hospital Oct. 21st. Always has enjoyed good health, until seven months previous to his admission, when, after great exposure, he was seized with a cough and difficulty of breathing. On entering the hospital he complained of cough, dyspnoea, and inability to be in bed without having his head elevated. The cough has a peculiar tone, similar to the barking of a terrier. There is

considerable aphonia, and the patient complains of pain in the back, between the shoulders. The heart is considerably enlarged; the apex strikes $3\frac{1}{2}$ inches to the left of a vertical line through the left nipple, and two inches below it. Over the base of the heart, systolic and diastolic murmurs are heard in the course of the aorta. There is also a loud bruit over the upper part of the præcordial space. The aneurismal thrill is obtained on placing the hand on the upper part of the chest. He was ordered opiates and antispasmodics.

Dec. 12. His general health has been very good. His dyspnoea at times is very distressing. Just at present he is suffering from extreme dyspnoea, so that he is unable to lie down, sleeping in a sitting posture. Pulse 100, strong and full; respiration 30 per minute, labored. Anorexia, occasionally vomits during an attack of coughing; complains of pain in the right side. There is dullness on percussion over the lower lobe of the right lung. Auscultation gives bronchial breathing and broncophony over the upper and middle portion of the lower lobe of the right lung, below which point the respiratory sounds are absent. Over the remainder of the chest there were in abundance subcrepitant mucous rales. He is somewhat relieved by the inhalation of sulphuric æther.

Dec. 17. Expired at 2 a. m. to-day, while sitting in a chair.

AUTOPSY FOURTEEN HOURS AFTER DEATH.

Body well nourished; muscles well developed. Rigor mortis not well marked. Ecchymotic spots two or three inches in diameter, on both legs, which came on a week ago, like purpura. Brain not examined. On opening the chest, the right pleural cavity contained about two pints of serous fluid, together with some fibrine and pus. The lower lobe of the right lung was hepatized. Both lungs were very much congested, and the left firmly adherent to the walls of the chest. The bronchial glands were enlarged. The pericardium contained about four ounces of serous fluid. The heart was considerably enlarged. The walls of the left ventricle were hypertrophied. The mitral valves were enlarged and somewhat thickened, but there was no insufficiency of them. The aortic valves were insufficient to close the orifice, which was large enough to admit three fingers. At the commencement of the aorta, or its posterior surface, was an

aneurismal pouch, $1\frac{1}{2}$ inches in length, and $\frac{3}{4}$ in width. Above this at the posterior part of the arch of the aorta, was a larger one, measuring antero-posteriorly $3\frac{1}{2}$ inches; laterally $2\frac{3}{4}$ inches, and vertically, $2\frac{1}{2}$ or 3 inches. This tumor was adherent to the trachea for $2\frac{1}{2}$ or 3 inches, beginning directly above the bifurcation. The part of the trachea corresponding to this attachment was so compressed by the tumor as to be diminished in calibre more than one half. Other organs not noted.

MEDICAL SOCIETIES.

NEWPORT AND COVINGTON, KENTUCKY, MEDICAL SOCIETY.

November 9th, 1869.

REPORTED BY DR. J. W. HADLOCK.

Large Doses of Digitalis in Delirium Tremens.

I have chosen a subject this evening which, if not new, is at least one that has received very little attention from the profession generally.

Having met with delirium tremens in its various grades of severity, both in hospital and private practice, and having been sorely puzzled with its treatment, I thought it would not be out of place to pay a tribute to a remedy which, when judiciously administered, never failed in my hands to produce the most happy results.

The various treatises on practice enumerate it among the remedies for delirium tremens; but only speak of it as of minor importance, giving tartar emetic, potas. bromidi, and such remedies the preference.

During the winter of 1868-'69, while at St. Mary's Hospital, Cincinnati, there was admitted for treatment a short, stout built German, aged about 25 years—barkeeper. He had been on what is usually termed a "spree." Pulse, full, strong and bounding; face flushed and head hot. He was quite delirious, with occasionally complete sanity, during which time a few items concerning his previous history could be collected. The case was diagnosed delirium tremens and put upon potas. bromidi in large doses. At about ten o'clock in the evening I was summoned to the ward in haste to see him, whom I found ravingly maniacal; scarcely controllable by any means. I had him strapped in bed, and ordered \mathfrak{ss} tincture digitalis to be given every 4 hours until sleep was produced. Two doses had the desired effect of putting him to sleep, which continued for six hours, at the expiration of which time he awoke well and in sane mind.

In July last I was called to see Mr. R., a German, aged 54 years, stone mason, of sanguine tempera-

ment, intemperate habits. Found him with insomnia potu bordering on delirium; face flushed; labored respiration; pulse full and frequent; talking incoherently, and complained of general malaise. Had been on a spree for a number of days in succession, and had taken little or no food all this time. Ordered at night:

R. Hydrag. sub. mur. grs. vj.
Gum. acache sodæ bicarb., aa grs. v. M.
Ft. chart. No. iv.
S.—One every hour.

In the following morning found him no better, when I ordered digitalis tincture in drachm doses every hour. Returned in the evening and found my patient much improved; he had taken eight drachms of the tincture. His head was cool, pulse nearly normal, and expressed himself as feeling comfortable in every particular. The digitalis was suspended until morning. At three o'clock, a. m., his bowels were moved freely; with that exception he slept soundly all night, and on the following morning discharged from treatment.

Though I have narrated but two cases in which I used this remedy, I am satisfied from my observation of its action in those cases that, when carefully used, it will give entire satisfaction. From the fact that digitalis is a powerful cardiac sedative, and belongs to that class of cumulative poisons, it would not of course be safe to use it in such large doses in any other disease than delirium tremens, but in that disease when a powerful cardiac sedative is indicated, and where such remedies as opium, potas. bromidi, tartar emetic, etc., are more apt to produce their poison effects than any other, tincture of digitalis is certainly the remedy.

In addition to its sedative properties the tincture is also diuretic; however, the sedative and diuretic action of the remedy stands in an inverse ratio to each other, *i. e.*, when the former effect is produced, the latter, as a rule, takes place only when the former has subsided, and thus acts, in many instances, as a safe guard to the life of the patient. This I believe to be the explanation of the tolerance of such large doses (℥ss.) in cases of delirium tremens. But if the diuretic effect of the remedy be the first produced then the sedative effect of the remedy will not be evinced at all, unless it accumulate.

As mentioned above, digitalis belongs to that class of accumulative poisons which show their effects suddenly where a certain amount has been taken for a longer or shorter period. The *modus operandi* of the remedy under consideration is, by gradually and almost imperceptibly weakening the heart's action more and more, until finally it produces a dangerous disturbance of the circulation and total cessation of the heart's action, which latter effects are as rapid as they are dangerous.

In large doses it does not, according to the experience of Dr. JONES, of Jersey, England, produce

the degree of depression, and is consequently less dangerous than in small doses.

From the observations of Dr. MUNN, we receive another incentive for its trial. He says (Guy's Hospital Reports, Oct., 1846,) "In no one instance have I seen bad effects follow the use of digitalis, where the first consequences of its exhibition was a removal or amelioration of prominent or distressing cardiac symptoms: whether this has been brought about by its operation as a sedative or as a diuretic."

Under the head of *Caution*, the following remarks on its use are extracted from "WARRING'S Therapeutics."

"It is chiefly applicable to diseases of asthenic characters and in persons of shattered and debilitated constitutions." My observations lead me to say that the reverse is equally true. "Perfect rest of mind and body, and a recumbent posture favor the development of its action. Patients should be strictly prohibited from taking sudden or active exercise." This cannot always be secured in cases of delirium tremens—which is, however, no objection to the use of the remedy.

"In old persons it is necessary to watch carefully the results of its action, as Schoenlein observed it to produce weakness and positive wasting." "If vomiting or diarrhoea occur during the use of digitalis, they should be checked, as either of them arrest the specific effects of the remedy."

During the use of this medicine the salts of iron and lead and tannin, or vegetable solutions, containing these salts, should be avoided, as they are incompatibles.

New York County Medical Society.

The New York County Medical Society held its semi-monthly session on Monday evening, December 6th, in the lecture room of the College of Physicians and Surgeons. There was a very full attendance of members. The reports of the Standing Committees on the Hygienic Condition of the City, on the Weather, and on General Intelligence were interesting, and the latter especially presented many facts of importance and value. A paper by Dr. Hammond, relating his personal experiences in the administration of hydrate of chloral, elicited some discussion upon the properties and effects of this new agent. Dr. Thomas read an elaborate and carefully prepared paper upon the Induction of Premature Labor as a Prophylactic Resource in Midwifery, illustrating certain classes of cases in which the induction of premature delivery may prove the means of preserving the lives of both mother and child, when one or both would be sacrificed if the period of gestation were permitted to attain its full natural limits. The paper was listened to with marked attention, and was partially replied to by Dr. Elliott and others.

EDITORIAL DEPARTMENT.

Periscope.

On the Medicinal Uses of the Salts of Atropia

PROFESSOR BUIGNET, the eminent French pharmacist, has recently directed our attention to the various uses of atropine, or atropia, as a general remedy, and not merely in affections of the eye. (*Medical Times and Gazette*.) Two salts of this alkaloid are used in Medicine—namely: the sulphate and the valerianate of atropia. The former is to be found in our Pharmacopœia, but is intended solely for ophthalmic use, atropia and its salts being regarded by British writers on *Materia Medica* as unfit for internal use in consequence of their highly poisonous action even in very minute doses. The valerianate is formed by mixing a cooled solution of atropia in ether with a cooled solution of valerianic acid, and from this mixture crystals of the required salt soon crystallise. Acting on the long-established axiom in therapeutics that a combination of two similar remedies almost always produces a greater and more rapid effect than an equivalent dose of either of the single remedies, Dr. Michea, as long ago as 1853, made trial of this salt in "affections of the nervous system," and especially in cases of epilepsy. His account of the action of this salt was so favorable that a commission was appointed to investigate the subject, and their report was that valerianate of atropia is decidedly preferable to many of the so-called antispasmodics, and that it offered the great advantage of replacing two drugs notoriously variable in their action—belladonna and valerian—by a combination of their active principles, which was far more steady and certain in its action. The method of administering it is in granules, each of which contains a milligramme, or about 1-67th of a grain, of the salt. One granule daily is the proper dose to begin with in an adult, and in the course of a week a second granule may be taken daily. This is the maximum dose, any excess inducing dilatation of the pupil and disturbed vision. The author quotes the names of more than twenty physicians who have written to confirm the value of atropia and its salts as therapeutic agents. Taken internally, the salts of atropia have been found serviceable in the treatment of epilepsy, chorea, neuralgia, hysteria, tetanus, intermittent fevers, and those forms of disease of the respiratory organs in which the nervous system is specially involved, as asthma, whooping cough, and certain forms of nervous bronchitis.

It has been found by Bouchardat and Crosio that cases of severe neuralgia, in which opium, henbane, and sulphuric ether have failed to give relief, have yielded to the local application of an ointment composed of five centigrammes (three-fourths of a grain) of atropia and four grammes (about a drachm) of lard. Pescheux has reported a case of tetanus which he cured by the aid of subcutaneous injection of sulphate of atropia, and Behier, Richard, and other French Physicians have practised the same treatment with success in cases of severe localized pain. One part of sulphate of atropia may be dissolved in 100 of water, and from one to five drops injected. Slight symptoms of belladonna poisoning sometimes exhibit themselves in these cases, but are merely transitory. The smaller dose should be first tried.

As a caution to our ophthalmological friends not to let solutions of atropia fall into the hands of their patients, we may mention a case recorded by Behier, in which an old man drank a solution of sulphate of atropia (.013 to 100 grammes of water) which had been prepared for the purpose of dropping into the eye to facilitate ophthalmoscopic examination. The dose swallowed was one-fifth of a grain. The following were the most marked symptoms:—An acrid taste in the throat, slight embarrassment in the management of the tongue, muscular weakness, a difficulty in walking, which soon became an impossibility, and disturbance of vision. Knowing the antagonism of morphia and atropia (described by Graefe in 1862), M. Behier prescribed ten drops of laudanum ever ten minutes. Each dose diminished the intensity of the symptoms. The patient took on the whole seventy-six drops—a dose which, if he had not previously taken the atropia, would undoubtedly have produced symptoms of poisoning by opium.

The rapidly increasing use of the ophthalmoscope will probably cause a considerable augmentation in the number of cases of poisoning by atropia. Liebreich (in 1863) remarked that the symptoms of poisoning consequent on the instillation of atropia do not so much depend upon the quantity absorbed by the eye itself as upon the quantity which makes its way through the lachrymal passages into the nose, pharynx, and stomach. When these lachrymal passages are completely obliterated, a strong solution may be applied to the eye for any length of time without inducing the slightest general disturbance. He consequently recommends that, in order to prevent as far as possible this mode of escape of the solution into the nose, etc., the patient should incline his head as forward as possible during the

period of instillation, should blow his nose and gargle frequently, and should press one of his fingers against the inner angle of the eye, so that the lower lachrymal point should be drawn down. In cases where these rules cannot be attended to (as when a patient is confined to bed), he recommends the application of a small wire apparatus which effectually prevents the escape of the solution. Professor Buignet's excellent memoir concludes with a description of this instrument and of the method of applying it.

Functions of the Cerebellum.

In a late number of the *Anthropological Journal*, Mr. T. S. PRIDEAUX discusses Gall's phrenological doctrines with reference to the functions of the cerebellum. Irrespective, however, of phrenology, Mr. Prideaux has recorded observations upon physiology of the cerebellum which are of sufficient importance to be brought under the notice of our readers. The chief points of the author's observations are these:

From experiments upon lower animals, Mr. Prideaux notices that castration does not diminish the size of the cerebellum relatively to that of the cerebrum, but rather conversely—viz., that if any diminution at all occurred it was to be found in the cerebrum. He also noticed that unilateral castration made no difference in the relative size of the lateral lobes of the cerebellum. Furthermore, he observed the larger size of the middle lobe, or vermiciform process, in birds over that of the lateral lobes, and set himself to discover in what faculty it was that birds were deficient when compared with other animals, or what faculty they possessed that would account for this predominance of the middle lobe. The conclusion arrived at by the author is that the faculty which in birds is lacking is that of cuticular sensibility, whilst that faculty which they possess more than other animals is that of balancing themselves in a medium of less specific gravity than that of their own bodies.

In support of these two conclusions, he further searched for some class of animals possessing the former faculty in an opposite degree, and considers that he has found what he sought in the class of cetaceans. These animals possess such an acute cuticular sensibility, that they are able to communicate with each other at long distances through vibrations of the water. In these animals the lateral lobes of the cerebellum are larger, in comparison with other nervous centres, than in any other animal, with the exception of the bat. These facts appear to prove that the median and lateral lobes of the cerebellum have different functions, the former being the great ganglia of the nerves of muscular resistance, and the latter the great ganglia of the nerves of cutaneous sensibility. These conclusions were further confirmed by an examination of the cerebellum of the bat. This animal possesses

the faculty of supporting itself in the air, and also possesses acute cuticular sensibility, and in it both portions of the cerebellum are largely developed, so much so indeed as to render the cerebellum larger, in comparison with the cerebrum, than in any other animal. Avoiding, as already stated, all phrenological discussions, it may be added that Mr. Prideaux adds a pathological observation on the effect of wounds or other lesions of the cerebellum. The influence upon the sexual functions in these cases is accounted for by the author from the loss or impairment of muscular co-ordination or of cuticular sensibility.

The functions of cutaneous sensibility and of muscular co-ordination have been attributed, conjecturally, to the cerebellum by some physiologists, but there has been no previous attempts at proofs, such as we are now indebted for to Mr. Prideaux.

Syphilitic Paralysis Treated by Mercurial Inunctions.

The following (from the *Bulletin Generale de Therapeutique*) illustrates a form of paralysis of a syphilitic origin happily susceptible of cure by specific treatment. Dr. Thomas Reade, of Belfast, many years since drew attention to this form of syphilitic lesion, and from time to time, in the pages of this *Journal*, typical cases have been recorded; and some remarkable in their character have been reported by Mr. Morgan, of Dublin, in the number of the *Journal* for Sept. 8, 1869.

A "sergent de ville," aged thirty-nine, was admitted to La Charite, November 4, 1868. He always had enjoyed perfect health, but affirms that he only contracted syphilis in 1860. He had then a hard chancre, a pleiad of indurated glands, sore throat, "patches," &c.; for these he was successfully treated by iodide of potassium and Van Swieten's liquor.

On Nov. 2, 1868, having suffered for some days previously from diarrhoea, he was suddenly affected with watery evacuations, and an intense pain in the lumbar region; just then (as he was on guard,) he saw a marauder making his escape, and made an effort to pursue him, but found his limbs were incapable of supporting his weight. He was received into hospital the next day; he could walk for the two first days, but soon lost the power of motion, and was confined to bed; gradually he got worse, and complete paraplegia came on, the lower limbs being moved about by his hands and quite powerless, and gradually the arms themselves became affected, and could hardly be raised to the mouth or over the head. From the syphilitic history and symptoms, the case was diagnosed as one of reflex and syphilitic paralysis, and treated on this principle by the use of mercurial inunctions; once the patient became under the specific influence, the symptoms began to amend, and he was finally discharged in a few weeks cured, and able to walk without difficulty.

Treatment of Cancroid Growths by Arsenic.

M. Kuhn gives several cases illustrating the advantages of applying arsenical pastes, not directly to the surface, but to the substance of the growth. He advises the previous application of caustic potash, so as to produce an abraded or raw surface, which can then be directly acted upon by the arsenical preparation. It is to the want of adopting this preliminary step that M. Kuhn attributes the malsuccess of many cases. Without an abrasion of the surface arsenic does not seem to exert any influence. Thus, the conjunctiva of pigeons, when brushed over with a concentrated arsenical solution, suffers no injury whatever. The following is an illustrative case:—

T. W., aged seventy, had a cancrroid tumor of the lip. M. Kuhn touched the growth with caustic potash, and then coated the surface over with Frere Come's paste. The patient suffered but little pain. The eschar fell off in three weeks, and the cicatrix was perfect in five weeks.

Several others are cited where the cancrroid growth was destroyed by the use of the arsenical paste after the surface was opened up by the use of caustics.

A Novel Method of Treating Naso-Pharyngeal Polyp.

A girl, twenty-five years of age, of lymphatic temperament, complained of difficulty of swallowing, and breathing through the nose, and the usual inconveniences of a polypoid growth, which could be felt growing above the soft palate. There being much difficulty in getting near its root so as to have it thoroughly removed, M. Boune (de Nimes) contrived a method for incision which would succeed, consisting of a thimble ring, furnished with a sharp-cutting steel nail-shaped plate. With this the pulp of the finger is free to feel the exact spot, when, by pressing the steel nail into the root of the polypoid growth, the mass is separated by a species of up-rooting it from its attachment.

Reviews and Book Notices.**NOTES ON BOOKS.**

Our active countryman, Professor SALISBURY, of Ohio, is obtaining a hearing from European *saavants*. In the *Revue des Cours Scientifiques de la France et de l'Etranger*, of Nov. 6th, 1869, there is a long examination and translation of his essay on the causes of remittent and intermittent fevers.

Some very important "Notes on the Principles of Population," have been printed in pamphlet form, by ANDREW A. WATT, of Montreal, Canada. The principles he advocates in the reduction of vital statistics throw quite a new light on questions of population. They are included in the *Half-Yearly*

Compendium for January 1st, 1870, to which we refer our readers.

The East River Medical Association has published a pamphlet on the renewal of prescriptions, showing, we think, conclusively, that whatever technical claim the druggist may have on a prescription he fills, it belongs in equity to the one who wrote it.

Rhode Island is one of the few States whose Registration Reports are worth reading, and when we say that they are prepared by Dr. EDWIN M. SNOW, of Providence, we explain why they are of real value. The fifteenth, which is now before us, will be found to contain much to render it worthy of preservation.

The Committee on the Relations of Alcohol to Medicine, of the American Medical Association, report, through the chairman, Dr. JOHN BELL, of this city, on the whole, very decidedly against its therapeutic use. The report has been published separately, and will, doubtless, soon be known to those interested in the "temperance movement." One thing is certain; alcohol unquestionably causes more diseases than it cures; but this fact is apt to lead to a hasty conclusion among reformers.

"The Nomenclature of Diseases," drawn up by the Royal College of Physicians of London, has been republished by the American Medical Association, and any improvements or suggestions in it may be sent to Dr. Francis G. Smith, of this city, chairman.

The *Baltimore Medical Journal* appears early in this month, under the editorial supervision of Drs. E. L. HOWARD and T. S. LATIMER, monthly, \$4 a year in advance. We wish it success.

BOOK NOTICES.

Moral, Intellectual and Physical Culture; or the Philosophy of True Living. By Prof. H. G. Welch, Instructor in the Department of Physical Culture in Yale College. New York: Wood & Holbrook, 1869. 1 vol. 8 vo. pp. 428. For sale by Claxton, Remsen & Hefelfinger, Philadelphia.

It is a matter of curious speculation with the reflective mind whether a work like this ever finds a "circle of admiring readers." If it does, then there must be a large amount of self-satisfied ignorance, prejudice, and bald Philistinism in American minds which we have never appreciated.

The first part of it is on Gymnastics, and so far as this goes, the author acquits himself creditably enough. The want of diagrams and illustrations is conspicuous, which the author felt, and gives as his reason that they "would make the book altogether too large." Now, if he had omitted everything between pp. 135 and 428, he would have had plenty of room for his wood cuts, and very much improved the literary character of his work. The portion to which this suggestion refers is on "the philosophy of living," and a more stultifying collection of threadbare common places, shallow theorizing, bad gram-

mar, and down-right ignorance, we never saw. One might think all the mottoes had been chosen from all the copy books extant, and all the hackneyed quotations gathered up which are incorrectly retailed in country newspapers.

The author's views on medicine, about which, of course, he is very oracular, may be seen from these extracts: "Sickness is sin;" "Medicines are not needed; Nature requires no aid from them;" "The homeopathic is a great improvement on the allopathic school, but the therapeutic is better than either." "If sick, learn the cause of your ailment, and the remedy will be easy (!)."

He is very severe on animal flesh and tobacco. The latter, he informs us, "was discovered by Sir Francis Drake, near Tobasco, hence its name," which is the most original information we have seen in the book, and is certainly entirely new. We might quote similar instances by the score, but in mercy to the author and our readers we let the subject drop.

Eierstock und Ei. Ein Beitrag zur Anatomie und Entwicklungsgeschichte der Sexual Organe. Von Wilhelm Waldeyer. Professor der Medicin an der Universität Breslau. Mit 8. Tafeln Abbildungen. Leipzig, Verlag von Wilhelm Engelmann. 1870.

(Ovum and Ovary; a contribution to the anatomy and genesis of the sexual organs, etc.)

We have examined this admirable monograph on a most important branch of embryology with lively satisfaction. It is one of those careful, complete, impartial studies in abstract science which have rendered the Germans deservedly famous. The questions of sex are second to none in physiological and even moral and social importance, and the mysterious processes which go to decide it before birth are consequently invested with a far wider attractiveness than most inquiries in physiology.

We think none the less of Dr. WALDEYER because he throws no direct light on these processes and does not pretend to have done so. What it is that decides the sex he has not ascertained, but he does claim to prove that the original condition of the embryo in man and the higher vertebrates is one of hermaphroditism, and neither anything in the ovum nor in the sperm is decisive. This, he says, "seems to be contrary" to the theory of M. Thury, with which our readers are familiar.

The work will be found, we are sure, well worth purchasing by all who take an interest in these questions.

Hand-book of the Diseases of the Eye; their pathology and treatment. By A. Salomons, M. D., Fellow of the Mass. Med. Soc. Boston: James Campbell. 1870. 1 vol. 8vo. pp. 123.

A synopsis, like this, which goes over so much ground in so small a space, is advantageous to the student in connection with clinical studies and the perusal of more extended treatises. Of its kind,

this is a very good specimen. The definitions are carefully given, accuracy is observed, and lucidity is not sacrificed to brevity. The operations recommended are carefully selected and described. That for entropium we may particularly mention as in point. A colored plate, at the commencement of the book, shows the ophthalmoscopic appearance of the fundus of the healthy eye. We have noted various solecisms in the language of the text, but these are to be excused on account of the foreign education of the writer, we presume, which his literary friend, Dr. DAMON, does not quite conceal.

A Winter in Florida, to which is Added a Summary. Illustrated. By LEDYARD BILL. New York: Wood & Holbrook. 1 vol. 8vo, cloth. 1869. Price, \$1.25.

This will be found an interesting volume for those who contemplate a voyage to Florida. That portion of the peninsula along the St. John river is well and fully described, and the notice of the history of the State is usually accurate.

The "Map of the St. John's River" is a caricature, which should have been left out, but most of the other engravings are true and well printed.

The Foot-and-Mouth Disease.

We have on several occasions quoted from our English exchanges about this disease, which has been raging in England for some months, and, it has been asserted, has given rise to some singular pathological symptoms in the human subject. Our government is becoming awake to the importance of preventing its introduction to this country, and for that purpose the Secretary of the Treasury has issued the following letter to the Collectors of Customs:

SIR: The department is advised that a contagious disease, affecting the hoof and mouth of meat cattle and other animals, is now prevalent in Europe, and, as it is of the utmost importance that the introduction of this disease into the United States should be prevented, you are hereby instructed not to allow the landing of any animals brought into your port from England or from the continent of Europe, except upon the production of a consular certificate that they are free from any contagious disease, and that no such disease prevails in the country from whence exported.

All regulations heretofore issued, which are inconsistent with these instructions, are hereby rescinded. I may also add that under date of the 29th of October last, the Secretary of State was requested by this department to instruct consular officers not to give certificates to persons shipping cattle to the United States, except in cases where the animals have been examined by a Government inspector or other expert, and pronounced free from disease; and further, no animals coming from the vicinage of the disease are to be certified by the consul.

—Subjects for dissection cost in Paris about six francs; in London, upward of £3. Here they cost \$15.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 1, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, brief as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

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PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the *MEDICAL AND SURGICAL REPORTER* for January 1st, 1870, a *Splendid, First-Class, Original STEEL-ENGRAVED PORTRAIT* of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

A few ARTISTS' PROOFS of the Portrait will be struck off on boards of a size suitable for framing. Price \$1.00 each.

REPORT OF THE SURGEON GENERAL.

This interesting annual document always contains much which the civil practitioner will read with pleasure. We learn from the one before us that with a single exception, the health of the troops in all portions of the country has been remarkably good during the year. The measures adopted for an effective and stringent quarantine along the southern coast wherever the military control of the government extended have secured immunity from Yellow Fever—the disease most likely to be imported from Mexico and the West India Islands. At Key West, however, where the quarantine was only nominal, and the sanitary condition of the town favorable to the development of disease, the influx of refugees and others from Cuba and points where it was already prevailing was followed by an outbreak of Yellow Fever as early as the middle of May. The first case was directly attributable to daily intercourse with refugees from infected points, the second occurred in a citizen of the town just returned from a visit to Havana, and from these two the disease spread rapidly and in a most malignant form among the citizens. In all thirteen officers and one hundred and three men, of whom forty-two were attacked and eighteen died. So soon as thoroughly convalescent all were removed to Indian Key, the disease continuing to prevail in a malignant form among the citizens of Key West to the close of the month of August. The entire escape this year from infection at Fort Jefferson is solely attributable to the intelligent, efficient and rigorous quarantine measures carried out most strictly by the commanding officer, upon the recommendations of the Post Surgeon, Assistant Surgeon S. A. Storrow, U. S. A. No direct communication was allowed with Key West—the transport schooner *Matchless* was detained at the quarantine ground at each trip, and even her mails were landed on an adjacent key and properly disinfected before being taken to the fort. The prompt disappearance of Yellow Fever on the removal of the command from an infected post into camp at a healthy point, accords with observations made by officers of the Medical Staff, U. S. Army, during previous epidemics, while the good results of a proper quarantine are established by the success attending it at Fort Jefferson.

Brevet Major General T. W. Sherman says: Commendation is especially due to the ardu-

ous and efficient services of Dr. W. F. Cornick, Acting Assistant Surgeon in charge, whose care, zeal and attention to the interests of the well, the sick and the dying at all times, and particularly during the most malignant stage of the epidemic, could not have been surpassed.

The health of the army shows a material improvement over the previous year.

The monthly reports of sick and wounded received at this office from the various posts for the fiscal year terminating June 30, 1869, represent an annual average mean strength of thirty-six thousand eight hundred and twenty white, and four thousand two hundred and sixty-three colored troops.

Among the *white troops* the total number of cases of all kinds reported as taken on the sick list was ninety-five thousand three hundred and forty, being at the rate of two thousand five hundred and eighty-nine per thousand of mean strength, or an average of about five entries on sick report for every two men. Of these entries eighty-five thousand four hundred and twenty per thousand of strength were for disease alone, and nine thousand nine hundred and twenty cases, or two hundred and sixty-nine per thousand of strength for wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one death to two hundred and two cases.

Among the *colored troops* the total number of cases of all kinds reported was eight thousand eight hundred and ninety-five, being at the rate of two thousand and eighty-seven per thousand of mean strength, or an average of two entries on sick report for each man. Of these entries seven thousand nine hundred and twenty-five, or one thousand eight hundred and fifty-nine per thousand of strength were for disease alone, and nine hundred and seventy, or two hundred and twenty-eight per thousand of strength for wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one death to fifty-seven cases.

The Army Medical Museum, we learn, has been augmented by valuable acquisitions. The number of visitors who registered their names during the year was twenty-five thousand three hundred and seventy-three. The catalogued specimens now number twelve thousand two hundred and twenty, an increase of two thou-

sand one hundred and seventy-six specimens during the year.

One hundred pages of the surgical portion and six hundred and fifty-seven pages of the medical portion of the first volume of the *Medical and Surgical History of the War* have been printed. The wood cuts, lithographs and chromo-lithographs for this volume have been completed, the manuscript is in readiness and the work is progressing as fast as is consistent with the minute accuracy indispensable in statistical matter.

At the date of the last Annual Report there were forty-nine vacancies in the grade of Assistant Surgeon; of these fourteen were filled by examination and appointment previous to March 3, 1869, since which date all appointments and promotions in the Medical Corps have been suspended by the Act of Congress of that date. There are now two vacancies of Surgeons, and forty-two of Assistant Surgeons in the Medical Corps of the Army.

POLYPHARMACY.

At one period in medical history, and that not so remote a one but that many now living may easily recall it, this word was a *cri de guerre* which was supposed to carry with it evident condemnation. This was when a reaction took place against the senseless admixture of dozens of articles in one dose, and the preparation of medicaments according to some preconceived notions of the "action of medicines." This explains the disrepute into which polypharmacy has fallen, but it does not justify it.

The followers of Hahnemann, anxious always to act on some exclusive principle which would at once cut off all inductive knowledge, have carried the reaction to the extent of laying it down as one of their rules "which altereth not," that "the single remedy" is only permissible.

Those innovators who within the last score of years have striven to practice medicine without medicine, and assembled themselves under the banner of "*la medecine expectante*," trusting in placebos, hygiene, and inactivity in their treatment, naturally hailed the one-remedy plan with delight, as clearly, if to give no drugs at all be the wisest thing to do, to give only one drug is next to the wisest.

Now, to all these it may be said that their course in this respect is in opposition to the true principles of research in natural science,

to actual observation, and to chemical principles.

The "single remedy" is always, unless it is confined to one of the elementary substances, in fact a compound remedy, composed of various diverse materials. The tinctures and the mineral salts are complicated preparations, and owe their virtue to their complexity. In many instances there is no chemical unity even, as for example, in most organic compounds. The various articles in the tincture of a plant may not be more intimately related than in a well-made "Galenical." The "single remedy," therefore, is one of those deceitful glosses which a moment's examination proves to be a mere fiction of language.

Hardly any physician will deny that certain combinations do act more efficiently than the separated elements. For instance, take Dover's powder, mercury and iodide of potassium, and many others. They are beyond doubt more valuable than any turn-about use we can make of their ingredients. There is a great fear about extending the list. Many physicians have a dislike to long and complicated prescriptions. In some cases it is from a very well founded fear that they cannot compose and write them correctly. The "Incompatibles" are always staring them in the face.

It is true, great judgment must be used, and a careful experience only can decide on the most efficient combinations, but no doubt, that the physician who is an intelligent polypharmacist has much stronger as well as many more weapons wherewith to combat disease.

A good example of a judicious and powerful arrangement of drugs is seen in Brown Sequard's pill against neuralgia and pain generally. Its six ingredients no doubt act each with increased and peculiar force from association. We are glad to see that so distinguished a teacher neither endorses that scepticism as to the action of drugs, now so fashionable, nor is afraid of being called a polypharmacist in his prescriptions.

—The Municipal Convention at Columbus, Ohio, recently adopted a resolution asking the General Assembly to amend the Municipal code so as to authorize the Board of Health to license and regulate houses of ill fame, and prescribe the limits within which such houses shall exist.

—Dr. Alex. McFarland, Superintendent of the Illinois State Hospital for the Insane at Jacksonville, has decided definitely to tender his resignation of that office to the Board of Trustees.

Notes and Comments.

Professor Gross' Portrait.

The Steel Engraving of Professor Gross not being quite completed in time for the first number of the year, will appear next week.

Insanity Items.

Wm. D. Little, a young man who has been for years insane, was arrested early yesterday by Officer Gardner, who interfered between the lunatic and his mother, and he was sent to the Lunatic Asylum. The same individual, it is said, entered the Executive mansion at Washington, a few weeks ago, with the intention of killing President Grant.

John Hickman, living near Chandlerville, Illinois, murdered his wife recently by cutting her throat. This is the second wife Hickman has killed. He was acquitted of the first murder on a plea of insanity. A correspondent of the *Press* of this city says that this same man murdered two women in this State before he removed to Illinois. Had some unfortunate physician given a certificate of insanity in this case, how he would have been abused by the "enlightened" press of the type of the *Inquirer* of this city!

Relapsing or Famine Fever.

The London *Times* sounds a fearful note of alarm. It is much to be feared, it says, that England, or at least London, is at this moment threatened with the invasion of a formidable disease. "We have from time to time mentioned the unusual activity of certain kinds of fever in the metropolis and other great towns, but there is more to be told than meets the eye in the Registrar-General's Returns, and it will need all our vigilance to protect us from the serious risks of the coming winter. How busily scarlet fever is at work the weekly bills of mortality teach us only too plainly; but for the last three months a new and more insidious enemy has been in the field. To many persons—perhaps, indeed, to many medical practitioners—'Relapsing Fever' may be a disease known only by tradition or description, for it is a fact, we believe, that for a period of thirteen years hardly a case of the disorder was seen in the United Kingdom. The 30,000 cases, for instance, treated during that time in the London Fever Hospital included not a single specimen of this particular fever, although at a former period it had been alarmingly prevalent. When we say that it is known also by the name of 'Famine Fever,' we shall have given some idea of its origin and character, and yet it must not be confused with the more terrible plague which proverbially follows dearth. The 'Famine' Fever of which we have now to speak is not in itself or immediate

ly a destructive disease. It is very rarely fatal, and corresponds in its principal characteristics rather with the 'Low Fever' of our medical nomenclature than with any of the more violent forms of the malady. It is dangerous from its extreme communicability and its distressing consequences. It is easily caught; it is easily carried from place to place; it is very difficult to deal with; and it leaves the unhappy victim predisposed by weakness and exhaustion to the attacks of more acute complaints. 'Relapsing Fever,' in fact, is the ally and provider of typhus."

Medical Society of Virginia.

We learn from a correspondent, that for some time past ineffectual efforts have been made to complete the organization of a medical society in Virginia. The readmission of the State into the Union would appear apropos to further efforts. Late reverses have sadly prostrated—physical and otherwise—the faculty, and incidental with these, the drawers of discouragement are very great.

Eastern Virginia, unlike West Virginia, has no proceedings published in the *American Journal of the Medical Sciences*, indeed, she has little recent literature to boast of. Yet there are many skilled and eminent physicians there, who should unite their efforts to bring it into relation with her sister States.

Anæsthesia on a New Principle.

At a late meeting of the British Medical Association, Dr. B. W. Richardson exhibited a knife consisting of a revolving blade, and which divided with such rapidity that superficial incisions could be made with it without pain. The revolutions were about twenty-five per second, but the speed might be greatly increased. The knife, in its action, illustrated that an appreciable interval of time is necessary for fixing an impression on the mind, and for the development of consciousness. He hoped he should soon be able to give to the surgeon a small pocket instrument with which to open abscesses, and perform many minor surgical operations painlessly, without having recourse to either general or local anæsthesia.—*Scientific American*.

The Discoverer of Vaccination.

The churchyard of the village of Worth, Dorsetshire, England, contains a memorial tablet with the following interesting inscription: "Benjamin Jesty, of Downshay; died April 16, 1816, aged 79. He was born at Yetminster, in this county, and was an upright, honest man, particularly noted for having been the first person known that introduced the cow-pox by inoculation, and who, for his great strength of mind, made the experiment from the cow on the wife and two sons in the year 1774."

Correspondence.

DOMESTIC.

Castration.

EDS. MED. & SURG. REPORTER:

Mr. F—, æt. 59, farmer, was assisting a neighbor to select some pigs from among his hogs, when an enraged sow attacked him, and in his attempt to get away was thrown down, his clothes badly torn from his body, and upon examination found the scrotum torn from the left testicle, including nearly all of the scrotum to the left of the raphe; also, a cut extending half way across the base of penis. The covering of the testicle, although badly lacerated, was replaced, with a hope of saving the testicle with its covering. The scrotum, however, took on a gangrenous condition, and was removed, leaving the testicle with its remaining covering in a very unseemly condition, as well as threatening inflammation of the adjoining structure. At this stage castration was decided upon.

Operation—An incision was made parallel with the raphe, which, upon cutting through the remaining covering, developed adhesions to such an extent that the testicle had to be cut loose from its attachment; afterwards the cord was drawn down, it being secured with a wire suture. The ragged edges were then removed, the edge of the scrotum covering the right testicle was then drawn down, so as to cover the exposed surface of the left side, and secured by the interrupted suture.

The patient made a rapid recovery, at this time being able to attend to his business.

L. H. LAIDLEY, M. D.

Carmichaels, Pa., Dec. 6, 1869.

Vaccination.

EDS. MED. AND SURG. REPORTER:

I notice in the doings of the Social Science Convention, a paper on vaccination by Drs. BACON, HAMMOND and LINCOLN. One of the positions taken is, "Vaccination in the modern sense of the term implies the possession of four or more cicatrices; and, "The degree of protection diminishes so rapidly with an increasing number of cicatrices, that the danger of death is only one-fourteenth of that to which badly (single?) vaccinated persons are exposed." If this be an axiom, it is time the profession understood it more generally. As a constitutional effect is the main point, and the vaccine marks only a symptom, I can't see the truth of this position; or if it be true, why twenty cicatrices are not then a more sure protection still! Revaccination will succeed with many persons, all know, even in cases of four scars—especially after very early vaccinations, so that fails as an argument. 1st.

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Some fever, indicated by a quickened pulse, &c. 2d. Glandular swelling under the arm or elsewhere. 3d. A scab depressed, and following a vesicle, with a hard base, after the eighth day. I have always found an increased pulse between the fourth and eighth day, and consider a hardened areola and one good, umbilicated scab as a good vaccination, and more protection than one-fourteenth. In the winter of '64-'65, while in charge of Hospitals at Camp Nelson, Ky., I saw six hundred cases of small-pox, and more than double that number of vaccinations, and after a variety of experiments, came to the following conclusions:

1st. That in a few exceptional cases, small-pox will follow vaccination, but such cases, though distinct in type, are milder in the symptoms, and almost invariably recover. (I never saw a fatal one.)

2d. That fever, a broad areola, a perfect vesicle, a depressed seed, leaving a deep, distinct scar after the eighth day, are the indications of a thorough vaccination, no matter when the vaccine is taken, scab, vesicular lymph, mixed with blood or not.

3d. That vaccination, even in four days after exposure, will mature and prevent the small-pox, as I saw in hundreds of cases of exposure in the same room and bed in the Refugee Camp at Camp Nelson.

The habit of cutting in many spots originated, probably, in the increased chances of the vaccine taking—but one made by long slight touches with a lancet, ten or a dozen in number, and crossed in the same way, and the vaccine rubbed in well, will secure good constitutional effects and a large cicatrix. I generally make two to be secure of success in one. It is a venerable notion that the lymph of the vesicle and the scab, at some particular time, is best; but if we get the effects, is not that the test of the vaccine? I recollect a case apropos to the popular idea of the conveyance of disease by vaccination. A mulatto with a body eat up almost with scrofulous sores on the neck, in the axilla, and vaccinated for the first time, went into the hut where four colored children were, and in a spirit of mischief, pricked his vesicle about the eighth day, and scratched their arms. The mother brought them to me, and I watched the cases for two months. The cicatrices were perfect, and no eruption or tumor appeared. I can't say the same where a white soldier gave his friend a good vaccination and a soft chancre at one and the same time.

Your obedient servant,

H. L. W. BURRETT, M. D.

Treatment of Dysentery.

EDS. MED. AND SURG. REPORTER:

Allow me, through your excellent journal, to say to its readers, that from an experience of years I am prepared to say, that chloride of sodium and tannic

acid in the treatment of dysentery exceed all other remedies I have seen used; both as a palliative and curative agent.

I was induced to try their effects (which I did on myself first) by two considerations. First, the doubtful propriety of giving opiates in mucous inflammations; and secondly, the therapeutic properties of the medicines. I have always been delighted with the promptness with which it relieves the pain and tenesmus, and the rapidity with which it works an entire cure.

I have invariably used them to the exclusion of all other remedies for twelve or fourteen years, and can say in truth, they have never disappointed me. The course of the disease under their use, is from one to four days.

Hoping that others will give the treatment a fair trial, I subjoin my method of preparing and using the medicines:

Take Chloride of sodium,	1 oz.
Aque font.,	12 "

Boil and skim till pure. Give to an adult when cool, 4 to 6 oz., and repeat in 4 hours. When the bowels are acted upon and a regular discharge produced by the salt, give tannic acid, 3 grs., every four hours, and if need be repeat the saline solution, as before, the third day.

N. B.—No opiates given at any time.

JAMES A. BROOKS, M. D.

[We believe that in one of the earlier volumes of the *Transactions of the American Philosophical Society*, Dr. RUSH strongly recommends chloride of sodium and lemon juice in the same complaint.—EDS. REP.]

NEWS AND MISCELLANY.

—Ladies are to be admitted to medical lectures at the Carolinska Institute, in Stockholm, provided they have the same amount of preparatory knowledge as is required of male students.

Lectures on Ethnology, etc.

Dr. W. J. Davis, ex-professor of the University of St. Petersburg, has lately arrived in this country. The Professor has been an extensive scientific traveller in European, Asiatic, and African countries, having been with Dr. Livingstone in some of his earlier researches. But his most exhaustive travels and scientific investigations have been made in Chinese Tartary, Thibet, and among the ranges of the Himalayas. Professor Davis proposes to lay before the Philadelphia public his ethnological and geographical gleanings in the shape of popular lectures. These lectures, wherever delivered, have been received with great favor. The *Berlin National Times* gives the Professor hearty endorsement, and the

New York journals speak in praise of his lectures. Students of ethnology and geography will find them profitable.

Army and Navy News.

Medical Department of the Army.

The following is from the recent Report of the Secretary of War to Congress :

The current expenditures of the Medical Department during the fiscal year ending June 30, 1869, were \$233,561.21; the total expenditure of that department, including "war debts" and "refundments," was \$708,305.36, and the available balance on hand at the close of the year was \$1,792,050.73. The health of the troops has been good. Yellow fever has appeared at Key West only, and at this point there were forty-three cases and twenty-one deaths; but by the prompt removal of the troops to a new station the ravages of the disease were at once stopped. The total number of cases on the sick list during the year was 104,235. The average number constantly on sick report was 2,367, or about 5.5 per cent. The number of deaths was 548; of discharges for disability 1,128.

The first volume of the Medical and Surgical History of the War is being printed.

The number of commissioned medical officers for duty on June 30, 1869, was 161, being an average of one medical officer to 204 men. The number of posts was 239, besides detachments and outposts. There are now two vacancies of surgeons and forty-two of assistant surgeons in the medical corps.

The experience of the past three years has shown that the present organization of the medical staff is satisfactory; but that, even were all the vacancies in it filled, it would still be barely adequate to the demands made upon it.

QUERIES AND REPLIES.

Climate for Consumptives.

DECEMBER 12, 1869.

I noticed an article in the MEDICAL AND SURGICAL REPORTER of December 4, 1869, on the climate that cures consumption; containing extracts from Dr. Smith, whose experience was gathered from Peru, South America, of Zanja, and Dr. Scrivener on the Mountains of Cordova, and Andine Heights.

1. Do you know the men sufficiently well to rely on their statements?
2. Is there a line of steamers running from Philadelphia or New York, to Cordova, and if so, what is the cost of passage?
3. Are any of the products of that country shipped to Philadelphia or contra?
4. What language do the inhabitants of that country speak?

Ans.

W. M.

Ans.—Steamers run from New York city to Buenos Ayres, and others from there up the River La Plata. The statements of Drs. Smith and Scrivener may be relied on, though it is possible they are a little highly colored. Hides, wool, and dried meat are the principal articles of trade. The language is Spanish. The cost of passage can be ascertained in New York, and we shall try to find out and write you.

Dr. A. H., of N. Y.—"Which American Medical Lexicon would you recommend best? What is the best treatise on fevers of this continent?"

Ans.—Dunglison's Medical Lexicon is best. Flint's Practice may suit you for the second inquiry.

Dr. L. F. of N. J.—Your kind expression of opinion about the REPORTER has given us great satisfaction. We aim to make it independent in tone and spirit, and a correct exponent of enlightened medical knowledge. We shall endeavor to continue to merit your kind sentiments.

Dr. E. D. H. of N. Y.—We have read your description of the case and are of opinion that the disease is of a more serious nature than you suppose. But we can say nothing positively, nor you either, without a microscopical and chemical examination of the urine, which you ought to make at once.

Please allow me to enquire through your columns, your diagnosis and treatment of the following symptoms:

First. A desire to take very full inhalations, and very often, without for a moment relieving that desire. Sighing inhalation gradually increased for about four months, at which time the patient was unable to leave his bed on account of it. At about this time the entire surface of the body became bathed in cool perspiration, since which time the patient has been gradually but very slowly improving; being one year since the symptoms first appeared. Perspiration disappeared gradually, being noticed on the lower extremities last. Patient suffered no pain at any time, and has had a good appetite during the entire attack. Has slept well and lost no flesh. Myself being away from the place at the time he was worse, I had no opportunity of examining the condition of the heart. Has always complained of a weakness of the knees. Treatment has been of no avail, so far as we can see.

Hoping you may be able to give some light on the subject, from this very hurried statement of the case, I close.

I am very respectfully Yours, &c.,

H. R. MOORE, M. D.

MARRIED.

TREADWELL—CLEMENT.—At First Methodist Church, Memphis, by Rev. — Patterson, on October 26th, 1869, Dr. J. C. Treadwell, of Swan Lake, Arkansas, and Miss P. W. Clement, of Memphis, Tenn.

YOST—PATTON.—December 14th, at the residence of C. K. Yost, Esq., in York Co., Pa., by Rev. J. Y. Cowhick, J. F. Yost, and Miss Emma Patton, all of Lancaster Co., Pa.

DIED.

BELL.—At Lafayette, Ohio, on the 18th of December, Dr. Samuel Bell.

BOISNOT.—In this city, on December 16th, Walter L., youngest child of Dr. J. M. and M. E. Boisnot.

CADY.—In New York, on Sabbath morning, December 19th, Julia Bulkley, wife of J. Cleaveland Cady and eldest daughter of Dr. H. D. Bulkley.

CORNELISON.—At Bergen, N. J., December 16th, Aletta, wife of Dr. J. M. Cornelison.

EVANS.—At the residence of his father in Juniata county, Penna., December 14th, Louis Irl Evans, a second course medical student, of the University of New York, of confluent small pox, aged 22 years.

HADLEY.—At Brooklyn, December 19th, Wm. W. Hadley, M. D., aged 51 years, 8 months, and 7 days.

JACKSON.—In this city, on the morning of Friday, December 17th, Samuel Jackson, M. D., (formerly of Northumberland), in the 82d year of his age.

He was born in Chester county, and removed to Northumberland county, where he resided for some forty years, when he came to this city and practised successfully. He was an eminent physician, and leaves a large circle of friends to mourn his loss. His son, Francis A. Jackson, is now a professor in the University of Pennsylvania.

SHARPE.—In this city, December 18th, William Sharpe, M. D., aged 63 years.

SOUTHACK.—In New York, December 14th, Dr. J. W. Southack, in the 30th year of his age.

WISTER.—In this city, December 14th, 1869, Casper Wister, Jr., in the 14th year of his age.

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